

PTO/SB/97 (08-03)

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TO: Mail Stop Amendment

Attached - FEE SHEET (PTO/SB/17), in duplicate

-PETITION FOR 1 MONTH EXTENSION (PTO/SB/22) in duplicate;

- AMENDMENT (13 pages)

RESPONSE DUE: December 1, 2006 (with 1 month extension)

CUSTOMER NO.: 24498

Serial No.: 10/031,151

Docket No.: rca89,642

Art Unit: 2623

Examiner: H.M. Yimam

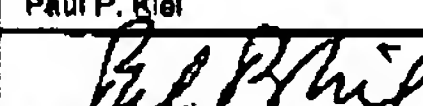
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL</b> for FY 2006		Application Number	10/031151
		Filing Date	January 14, 2002
		First Named Inventor	A.H.Dinwiddie, et al.
		Examiner Name	H.M. Yimam
		Art Unit	2823
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	RCA89642
TOTAL AMOUNT OF PAYMENT (\$)		120.00	

METHOD OF PAYMENT (check all that apply)		CUSTOMER NUMBER: 24498	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 07-0832		Deposit Account Name: THOMSON LICENSING INC.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description					Small Entity		
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
Total Claims		Extra Claims		Fee (\$)	Multiple Dependent Claims		
- 20 or HP =		x		=	Fee (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Independent Claims		Extra Claims		Fee (\$)	Fee Paid (\$)		
- 3 or HP =		x		=			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)	
- 100 =	/ 50 =	(round up to a whole number) x			=		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): FEE FOR ONE MONTH PETITION FOR EXTENSION - \$120.00						\$120.00	

SUBMITTED BY					
Name (Print/Type)	Paul P. Kiel	Registration No. (Attorney/Agent)	40,677	Telephone	609-734-6816
Signature					November 27, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 121 and 37 CFR 1.14. The collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/CS-17 (01/05)  
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> for FY 2006		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/031151
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120.00		Filing Date	January 14, 2002
		First Named Inventor	A.H.Dinwiddie, et al.
		Examiner Name	H.M. Yimam
		Art Unit	2823
		Attorney Docket No.	RCA89642

**METHOD OF PAYMENT** (check all that apply) **CUSTOMER NUMBER: 24498**

☐ Check  
 ☐ Credit card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account: Deposit Account Number 07-0832  
 Deposit Account Name: THOMSON LICENSING INC.  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 ☒ Credit any overpayments

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**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	

**Total Claims** - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20.

**Independent Claims** - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x	_____	_____

**4. OTHER FEE(S)**

Description	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): FEE FOR ONE MONTH PETITION FOR EXTENSION - \$120.00	\$120.00

**SUBMITTED BY**

Name (Print/Type)	Paul P. Kiel	Registration No. (Attorney/Agent)	40,677	Telephone	609-734-6816
Signature					
	November 27, 2006				

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is a fee (and by the USPTO to process an application). Confidentiality is governed by 35 U.S.C. 123 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the accuracy of time you require to complete this form and/or any suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460. If you need assistance in completing the form, call 1-800-PTO-9188 and select option 2.